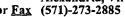
PART B - FEE(S) TRANSMITTAL

*Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885





INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.															
F. CHAU & ASSOCIATES, LLC 130 WOODBURY ROAD WOODBURY, NY 11797																				
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APPLICATION NO.	FILING DATE			IRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.												
10/779,999 02/17/2004 TITLE OF INVENTION: CACHE RESIDENCE PREDICTION			Xiaowei Shen			YOR920030612US (8728-669)		1319	•											
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 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list rectified in the names of up to 3 registered patent attorneys						ciatesLL(
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3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print o	or type	e)															
PLEASE NOTE: Uni	less an assignee is ident	ified below, no assignee pletion of this form is NO	data will appear on the	he pat	tent. If an assigned	e is iden	tified below, the de	ocument has be	en filed for											
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Advance Order -	**The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 5 0 - 0 5 1 0 (enclose an extra copy of this form).																			
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Typed or printed name	Frank V. I	DeRosa, F.Ch	au&Associa	ţę	S Registration No)	43,584													
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